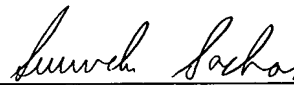


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| FORM PTO-1390 (Modified) U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               | ATTORNEY'S DOCKET NUMBER<br>294340US41X PCT     |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) |
| DESIGNATED/ELECTED OFFICE (DO/EO/US)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | <b>10/588907</b>                                |
| CONCERNING A SUBMISSION UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | PRIORITY DATE CLAIMED                           |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR05/50080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INTERNATIONAL FILING DATE<br>February 9, 2005 | February 11, 2004                               |
| TITLE OF INVENTION<br><b>MOVABLE TYRE TEST BENCH AND METHOD THEREFOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                                 |
| APPLICANT(S) FOR DO/EO/US<br><b>Olivier REGIS, et al.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                                 |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                 |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (24) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))               <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).               <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))               <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).               <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> If the declaration is in a language other than the English language, it is accompanied by an English translation. The translation is accurate (37 CFR 1.69)</li> </ol> </li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> <li>11. <input type="checkbox"/> A copy of the International Preliminary Examination Report (PCT/IPEA/409).</li> <li>12. <input checked="" type="checkbox"/> A copy of the International Search Report (PCT/ISA/210).</li> </ol> <p><b>Items 13 to 23 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>13. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.               <div style="display: flex; justify-content: space-between; padding: 0 20px;"> <span>a. <input type="checkbox"/> PTO-1449</span> <span>b. <input type="checkbox"/> Cited References</span> <span>c. <input type="checkbox"/> Statement of Relevancy</span> <span>d. <input type="checkbox"/> List of Related Cases.</span> </div> </li> <li>14. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>15. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>16. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>17. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</li> <li>18. <input type="checkbox"/> A substitute specification.</li> <li>19. <input checked="" type="checkbox"/> A power of attorney and/or change of address letter.</li> <li>20. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>21. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</li> <li>22. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).</li> <li>23. <input checked="" type="checkbox"/> Other items or information: Notice of Priority/Drawings (4 sheets)/Request for Consideration</li> </ol> |                                               |                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                        |                                                                                                                                                                                                                                                       |                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|
| U.S. APPLICATION NO. (if known) (see 37 CFR 1.5)<br><b>10/588907</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/FR05/50080</b>                 |                                                                                                                                                                                                                                                       | ATTORNEY'S DOCKET NUMBER<br><b>294340US41X PCT</b> |  |
| The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                        |                                                                                                                                                                                                                                                       | <b>CALCULATIONS</b> <b>PTO USE ONLY</b>            |  |
| 24. <input checked="" type="checkbox"/> Basic national fee..... \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                        |                                                                                                                                                                                                                                                       | \$300.00                                           |  |
| 25. <input checked="" type="checkbox"/> Examination fee<br>If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4) .... \$0<br>All other situations..... \$200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                        |                                                                                                                                                                                                                                                       | \$200.00                                           |  |
| 26. <input checked="" type="checkbox"/> Search fee<br>If the written opinion of the ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)..... \$0<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100<br>International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB ..... \$400<br>All other situations..... \$500                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                        |                                                                                                                                                                                                                                                       | \$400.00                                           |  |
| <b>TOTAL OF 24, 25 AND 26 =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                        |                                                                                                                                                                                                                                                       | \$900.00                                           |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                        |                                                                                                                                                                                                                                                       |                                                    |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole) | RATE                                                                                                                                                                                                                                                  |                                                    |  |
| - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | / 50 =       |                                                                        | x \$250.00                                                                                                                                                                                                                                            | \$                                                 |  |
| <input type="checkbox"/> Surcharge of \$130.00 for furnishing any of the search fee, examination fee, or the oath or declaration after the date of commencement of the national stage (37 CFR 1.492(h)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                        |                                                                                                                                                                                                                                                       | \$                                                 |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NUMBER FILED | NUMBER EXTRA                                                           | RATE                                                                                                                                                                                                                                                  |                                                    |  |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22 - 20 =    | 2                                                                      | x \$50.00                                                                                                                                                                                                                                             | \$100.00                                           |  |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 - 3 =      | 0                                                                      | x \$200.00                                                                                                                                                                                                                                            | \$0.00                                             |  |
| MULTIPLE DEPENDENT CLAIMS (if applicable) <input type="checkbox"/> + \$360.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                        |                                                                                                                                                                                                                                                       | \$0.00                                             |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                        |                                                                                                                                                                                                                                                       | \$1,000.00                                         |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                        |                                                                                                                                                                                                                                                       |                                                    |  |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                        |                                                                                                                                                                                                                                                       | \$1,000.00                                         |  |
| <input type="checkbox"/> Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)). +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                        |                                                                                                                                                                                                                                                       | \$                                                 |  |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                        |                                                                                                                                                                                                                                                       | \$1,000.00                                         |  |
| <input type="checkbox"/> Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                        |                                                                                                                                                                                                                                                       | \$                                                 |  |
| <input type="checkbox"/> Petition fee of \$1,500.00 for Petition to Revive (37 CFR 1.137 (b)). +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                        |                                                                                                                                                                                                                                                       | \$                                                 |  |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                        |                                                                                                                                                                                                                                                       | \$1,000.00                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                        |                                                                                                                                                                                                                                                       | Amount to be refunded: \$                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                        |                                                                                                                                                                                                                                                       | Amount to be charged: \$                           |  |
| a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. <b>15-0030</b> in the amount of \$_____ to cover the above fees.<br>c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>15-0030</b> . A duplicate copy of this sheet is enclosed.<br>d. <input checked="" type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.<br><b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.<br>SEND ALL CORRESPONDENCE TO: |              |                                                                        |                                                                                                                                                                                                                                                       |                                                    |  |
| CUSTOMER NUMBER<br><b>22850</b><br>Tel. (703) 413-3000<br>Fax. (703) 413-2220<br>(OSMMN 1/06)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                        | SIGNATURE<br><br><b>Philippe J.C. Signore, Ph.D.</b><br>NAME<br><b>Surinder Sachar</b><br><b>43,922</b><br>REGISTRATION NUMBER<br><b>Registration No. 34,423</b> |                                                    |  |

10/588907  
IAP11 Rec'd PCT/PTO 09 AUG 2006

Docket No. 294340US41X PCT

IN RE APPLICATION OF: Olivier REGIS, et al.

SERIAL NO: New U.S. PCT Application Based on PCT/FR05/50080

FILED: Herewith

FOR: MOVABLE TYRE TEST BENCH AND METHOD THEREFOR

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required

☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 is claimed.

☒ Additional documents filed herewith: Credit Card Payment Form for \$1,000.00/PCT Transmittal Letter/Application Data Sheet/Notice of Priority/Preliminary Amendment/English Translation of Specification/Drawings (4 sheets)/Declaration/International Search Report/Request for Consideration

The Fee has been calculated as shown below:

| CLAIMS      | CLAIMS<br>REMAINING |                                                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID | NO.<br>EXTRA<br>CLAIMS | RATE      | CALCULATIONS |
|-------------|---------------------|----------------------------------------------------------------------|-----------------------------------------|------------------------|-----------|--------------|
| TOTAL       | 22                  | MINUS                                                                | 22                                      | 0                      | x \$50 =  | \$0.00       |
| INDEPENDENT | 1                   | MINUS                                                                | 1                                       | 0                      | x \$200 = | \$0.00       |
|             |                     | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS                   |                                         |                        | + \$360 = | \$0.00       |
|             |                     | TOTAL OF ABOVE CALCULATIONS                                          |                                         |                        |           | \$0.00       |
|             |                     | <input type="checkbox"/> Reduction by 50% for filing by Small Entity |                                         |                        |           | \$0.00       |
|             |                     | TOTAL                                                                |                                         |                        |           | \$0.00       |

☐ A check in the amount of \$0.00 is attached.

☐ Credit card payment form is attached to cover the fees in the amount of \$0.00

☒ Please charge any additional Fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.



Philippe J.C. Signore, Ph.D.

Registration No. 43,922

Customer Number

22850

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

Surinder Sachar

Registration No. 34,423

10/588907  
IAP11 Rec'd PCT/PTO 09 AUG 2006

DOCKET NO.: 294340US41X PCT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: Olivier REGIS, et al.

SERIAL NO.: NEW U.S. PCT APPLICATION

FILED: HERewith

INTERNATIONAL APPLICATION NO.: PCT/FR05/50080

INTERNATIONAL FILING DATE: February 9, 2005

FOR: MOVABLE TYRE TEST BENCH AND METHOD THEREFOR

**REQUEST FOR CONSIDERATION OF DOCUMENTS  
CITED IN INTERNATIONAL SEARCH REPORT**


Commissioner for Patents  
Alexandria, Virginia 22313

Sir:

In the matter of the above-identified application for patent, notice is hereby given that applicant(s) request that the Examiner consider the documents cited in the International Search Report according to MPEP §609 and so indicate by a statement in the first Office Action that the information has been considered. When the Form PCT/DO/EO/903 indicates both the search report and copies of the documents are present in the national stage file, there is no requirement for the applicant(s) to submit them (1156 O.G. 91 November 23, 1993).

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.



Philippe J.C. Signore  
Attorney of Record  
Registration No. 43,922  
Surinder Sachar  
Registration No. 34,423

Customer Number  
**22850**

(703) 413-3000  
Fax No. (703) 413-2220  
(OSMMN 08/03)